



City of Arlington, Texas
Public Works and Transportation
MS 01-0220
P.O. Box 90231
Arlington, TX 76004-3231

Application for Pedicab/NEV Certificate of Operation

INSTRUCTIONS:

Complete Parts I through V of the application package.

Part I.A, I.B, or I.C. should be completed based upon ownership type

- *For Individually-Owned, Complete Part I.A.*
- *For Partnerships, Associations, or Limited Liability Company (LLC) Owned, Completed Part I.B.*
- *For a Corporation, Complete Part I.C.*

Note attachments required in Part VI!

(Office Use Only)

Company Name: _____

Date Received: _____

Certificate No.: _____

Applicant's Initials _____



Application for Pedicab/NEV Certificate of Operation

PART I: COMPANY INFORMATION

This is an application for a Certificate to operate a pedicab or Neighborhood Electric Vehicle (NEV) service to operate in the City of Arlington. Please indicate below for which type of service you are seeking approval and the number of vehicle permits requested to perform this service.

☐ Pedicab; Number of Vehicles: _____

☐ NEV; Number of Vehicles: _____

⇒ Note: Each Certificate applied for requires a separate application fee of \$350. Each vehicle permit requires a \$35 fee upon approval.

Have you previously applied for a Pedicab/NEV Certificate of Operation with the City of Arlington?

☐ Yes

☐ No

Name of Company: _____

Other Names Services/Business Is Known As: _____

Business Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Business Mailing Address (complete only if different from above):

What is the proposed character/type of service and is there a plan for any two-way voice communications? Is there an existing or planned fixed base operation?

What is the Company's experience in the operation for the type of service proposed? Provide any information that describes the background of the applicant/owners.

Applicant's Initials _____

Are there any other facts or circumstances that would indicate whether the proposed service is in the public interest?

Are there any written or oral agreements in place that would affect the ownership or control of the proposed?

Are there any suits filed or judgments of record against the applicant or any partner, officer or director based on an unpaid debt or negligent operation of a motor vehicle? If any, list all such suits and judgments.

PART I.A. (IF INDIVIDUALLY OWNED)

Owner's Full Name: _____

Birth Date: ____/____/____ Age: ____ Sex: ____ Race: ____

Height: ____ Weight: ____ Eye Color: ____ Hair Color: ____

Owner's Home Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Texas Driver's License Number: _____ Expiration Date: _____

PART I.B. (IF PARTNERSHIP, ASSOCIATION OR LIMITED LIABILITY COMPANY (LLC) OWNED)

* * * * *

Partner/Member Full Name: _____

Birth Date: ____/____/____ Age: ____ Sex: ____ Race: ____

Height: ____ Weight: ____ Eye Color: ____ Hair Color: ____

Owner's Home Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Texas Driver's License Number: _____ Expiration Date: _____

Applicant's Initials _____

* * * * *

Partner/Member Full Name: _____

Birth Date: ____/____/____ Age: ____ Sex: ____ Race: ____

Height: ____ Weight: ____ Eye Color: ____ Hair Color: ____

Owner's Home Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Texas Driver's License Number: _____ Expiration Date: _____

* * * * *

Partner/Member Full Name: _____

Birth Date: ____/____/____ Age: ____ Sex: ____ Race: ____

Height: ____ Weight: ____ Eye Color: ____ Hair Color: ____

Owner's Home Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Texas Driver's License Number: _____ Expiration Date: _____

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Use Additional Sheets if Necessary

PART I.C. (IF A CORPORATION)

Date Incorporated: ____/____/____

* * * * *

President's Full Name: _____

Birth Date: ____/____/____ Age: ____ Sex: ____ Race: ____

Height: ____ Weight: ____ Eye Color: ____ Hair Color: ____

Owner's Home Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Texas Driver's License Number: _____ Expiration Date: _____

Applicant's Initials _____

Corporate Officers / Directors (use continuation sheet if necessary)

Full Name	Title	Address	Date of Birth	Driver's License #

PART II: VEHICLE LIST

Provide a listing of each vehicle in the company's fleet that is/intended to be permitted in Arlington.

- Each pedicab company must have a minimum of 2 and a maximum of 10 vehicles.
- Each NEV company can have a maximum of 10 vehicles.

Accompanying photos are also required. **SEE ATTACHMENT 4**

Vehicle #1	Year:	Make:	Model:
Manufacturer's Name:		Color:	
Size:		Occupancy Limit:	
Condition/Notes:			
Specifications:			

Vehicle #2	Year:	Make:	Model:
Manufacturer's Name:		Color:	
Size:		Occupancy Limit:	
Condition/Notes:			
Specifications:			

Applicant's Initials _____

Vehicle #3	Year:	Make:	Model:
Manufacturer's Name:		Color:	
Size:		Occupancy Limit:	
Condition/Notes:			
Specifications:			

Vehicle #4	Year:	Make:	Model:
Manufacturer's Name:		Color:	
Size:		Occupancy Limit:	
Condition/Notes:			
Specifications:			

Vehicle #5	Year:	Make:	Model:
Manufacturer's Name:		Color:	
Size:		Occupancy Limit:	
Condition/Notes:			
Specifications:			

Vehicle #6	Year:	Make:	Model:
Manufacturer's Name:		Color:	
Size:		Occupancy Limit:	
Condition/Notes:			
Specifications:			

Vehicle #7	Year:	Make:	Model:
Manufacturer's Name:		Color:	
Size:		Occupancy Limit:	
Condition/Notes:			
Specifications:			

Vehicle #8	Year:	Make:	Model:
Manufacturer's Name:		Color:	
Size:		Occupancy Limit:	
Condition/Notes:			
Specifications:			

Vehicle #9	Year:	Make:	Model:
Manufacturer's Name:		Color:	
Size:		Occupancy Limit:	
Condition/Notes:			
Specifications:			

Vehicle #10	Year:	Make:	Model:
Manufacturer's Name:		Color:	
Size:		Occupancy Limit:	
Condition/Notes:			
Specifications:			

PART III: PROPOSED DRIVER LIST

DRIVER 1

Driver's Full Name: _____

Birth Date: ____/____/____ Age: ____ Sex: ____ Race: ____

Height: ____ Weight: ____ Eye Color: ____ Hair Color: ____

Owner's Home Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Texas Driver's License Number: _____ Expiration Date: _____

DRIVER 2

Driver's Full Name: _____

Birth Date: ____/____/____ Age: ____ Sex: ____ Race: ____

Height: ____ Weight: ____ Eye Color: ____ Hair Color: ____

Owner's Home Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Texas Driver's License Number: _____ Expiration Date: _____

DRIVER 3

Driver's Full Name: _____

Birth Date: ____/____/____ Age: ____ Sex: ____ Race: ____

Height: ____ Weight: ____ Eye Color: ____ Hair Color: ____

Owner's Home Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Texas Driver's License Number: _____ Expiration Date: _____

Applicant's Initials _____

DRIVER 4

Driver's Full Name: _____

Birth Date: ____/____/____ Age: ____ Sex: ____ Race: ____

Height: ____ Weight: ____ Eye Color: ____ Hair Color: ____

Owner's Home Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Texas Driver's License Number: _____ Expiration Date: _____

DRIVER 5

Driver's Full Name: _____

Birth Date: ____/____/____ Age: ____ Sex: ____ Race: ____

Height: ____ Weight: ____ Eye Color: ____ Hair Color: ____

Owner's Home Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Texas Driver's License Number: _____ Expiration Date: _____

DRIVER 6

Driver's Full Name: _____

Birth Date: ____/____/____ Age: ____ Sex: ____ Race: ____

Height: ____ Weight: ____ Eye Color: ____ Hair Color: ____

Owner's Home Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Texas Driver's License Number: _____ Expiration Date: _____

*Use Additional Sheets if Necessary****Applicant's Initials*** _____

Investigation Acknowledgement

It is acknowledged that this application shall be investigated by the City of Arlington Public Works and Transportation Department who shall have the authority to require such further investigation or additional information as deemed necessary to adequately inform the City of Arlington City Council about the applicant's proposed operations and the public need therefore.

I hereby certify that I have read and understand Chapter X of the City of Arlington Transportation Ordinance, and if granted a Pedicab and/or NEV Certificate of Operation will fully comply with its provisions.

Compliance With Laws

I additionally affirm that the listed applicant company is in compliance with all applicable county and municipal ordinances and codes; state laws, regulations and codes; and federal law and codes.

Immigration Reform and Control Act

Applicant will abide by the terms, conditions and requirements of the Immigration Reform and control Act of 1986 and amendments thereto.

This is to certify that _____ (primary applicant), the stated undersigned, knows all answers and information given in this application to be accurate and complete. Any false or misleading information entered on this application may be cause for denial or revocation of the requested Certificate of Operation.

Owner Signature	Date	Printed Name
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Applicant Signature	Date	Printed Name
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AFFIDAVIT

Before me, the undersigned authority, on this day personally appeared (Owner or Primary Applicant) _____ known to me to be the person whose name is subscribed to the above and foregoing instrument, and acknowledged to me that he executed the same for the purposes and consideration expressed and in the capacity therein stated.

Given under my hand and seal of office on this
_____ day of _____, 20____

Notary Public in and for the State of Texas

SEAL:



Applicant's Initials _____

PART V: Texas DPS CCH Form

**DPS Computerized Criminal History (CCH) Verification
(City of Arlington Copy)**

I, _____, have been notified that a Computerized Criminal
APPLICANT NAME (Please print)
History (CCH) verification check will be performed by accessing the Texas Department of Public Safety
Secure Website and will be based on name and DOB identifiers I supply.

Because the name-based information is not an exact search and only fingerprint record
searches represent true identification to criminal history, the organization conducting the criminal
history check for background screening is not allowed to discuss any criminal history record
information obtained using the name and DOB method. Therefore, the City of Arlington may request
that I have a fingerprint search performed to clear any misidentification based on the result of the
name and DOB search.

For the fingerprinting process I will be required to submit a full and complete set of my
fingerprints for analysis through the Texas Department of Public Safety AFIS (Automated Fingerprint
Identification System). I have been made aware that in order to complete this process I must make an
appointment with L1 Enrollment Services, submit a full and complete set of my fingerprints, request a
copy be sent to the City of Arlington, and pay a fee of \$24.95 to the fingerprinting services company, L1
Enrollment Services.

Once this process is completed and the City of Arlington receives data from DPS, the
information on my fingerprint criminal history record may be discussed with me.

Signature of Applicant

Date

City of Arlington Representative Name (Please Print)

Signature of City of Arlington Representative

Date

FOR OFFICE USE ONLY:

Purpose of CCH:

Pedicab Operator and Driver Permitting

CCH Report Printed:

Yes ___ NO ___ Initial

Date Printed _____ Initial

Permitted ___ Not Permitted ___ Initial

Destroy Date _____ Initial

**This copy must remain on file with the City of Arlington and be used for future DPS auditing
purposes.**

Applicant's Initials _____

PART VI: REQUIRED ATTACHMENTS

Prepare each attachment separate from the other attachments. Supporting documents for a particular attachment should be put immediately behind that attachment.

Attachment 1: A copy of letter from the Internal Revenue Service showing the company's **Federal Employer ID Number** (Tax ID#).

Attachment 2: A statement/document that describes the **financial status**, character, and responsibility of the applicant as demonstrated by the applicant's ability to provide, maintain, and operate the number of vehicles proposed to be operated in accordance with the type of service proposed in the application. An actual or pro forma income statement and balance sheet showing the assets, liabilities and equity of the business will be accepted.

Attachment 3: Certificate of **Liability Insurance (Acord)** showing a \$1 million limit per occurrence. The certificate must name the City of Arlington as an additional insured party.

Attachment 4: A clear and separate **photograph of each vehicle** must be provided and numbered in accordance with the vehicle listing in the application. For NEVs, the photos must clearly display the Texas license plate on each vehicle.

Attachment 5: Application Fee Receipt; the applicant must submit \$350.00 (non-refundable) and \$35 for each approved vehicle with the application submission.

Attachment 6: A photocopy of the Texas Driver's License of the primary applicants/owners/officers.

Attachment 7: Proof of citizenship or residency of the primary applicants/owners/officers. This can be accomplished by a copy of a security card, passport, or other form of identity as listed in the Acceptable Forms of Identity table.

- TO BE ATTACHED BY ADMINISTRATOR -

Attachment 8: Proof of Vehicle Inspections

Attachment 9: Texas Criminal Background Check documentation. Criminal history checks will be obtained through the Texas Department of Public Safety by the City Administrator and included in the application packet.

Attachment 10: Department of Highway Safety and Motor Vehicles Division driver records will be obtained by the Administrator and will be included in the application packet.

The applicant will be expected to address any issues that surface as a result of the receipt of information in this report.

ACCEPTABLE FORMS OF IDENTITY

LIST A	OR LIST B	<u>AND</u> LIST C
Documents that Establish Both Identity and Employment Eligibility	Documents that Establish Identity	Documents that Establish Employment Eligibility
1. US Passport (Unexpired or expired)	1. Driver's License or ID Card issued by the state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, sex, height, eye color and address.	1. US Social Security Card issued by the Social Security Administration (<i>other than a card stating it is not valid for employment</i>)
2. Certificate of US Citizenship (INS Form N-560 or N-561)		
3. Certificate of Naturalization (INS Form N-550 or N-570)		2. Certification of Birth Abroad issued by the Department of State (<i>Form FS-545 or Form DS-1350</i>)
4. Unexpired foreign passport, with I-551 stamp or attached INS Form I-94 indicating unexpired employment authorization.	2. ID Card issued by the federal, state, or local government agencies or entities provided it contains a photograph or information such as name, date of birth, sex, height, eye color and address.	3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal
5. Alien Registration Receipt Card with Photograph (INS Form I-151 or I-551)	3. School ID card with a photograph	4. Native American tribal documents
6. Unexpired Temporary Resident Card (INS Form I-688)	4. Voter's registration card	5. US Citizen ID Card (<i>INS Form I-197</i>)
7. Unexpired Employment Authorization Card (INS Form I-688A)	5. US military card or draft record	6. ID Card for use of Resident Citizen in the United States (<i>INS Form I-179</i>)
8. Unexpired Reentry Permit (INS Form I-327)	6. Military dependent's ID card	7. Unexpired employment authorization document issued by the INS (<i>other than those listed under List A</i>)
9. Unexpired Refugee Travel Document (INS Form I-571)	7. US Coast Guard Merchant Mariner Card	
10. Unexpired Employment Authorization Document issued	8. Native American tribal document	
	9. Driver's license issued by a Canadian government authority	
	For persons under age 18 who are unable to present a document listed above:	
	10. School record or report card	
	11. Clinic, doctor or hospital record	
	12. Day-care or nursery school record	